

Professional Counseling Associates, LLC
Joel Covert, MSW, LCSW
1830 S. Alma School Rd., Suite 112 Mesa, AZ 85210
480-730-6222 480-889-5566 fax

Informed Consent for Assessment and Treatment

We want to welcome you to our practice at Professional Counseling Associates (PCA). We are pleased you have chosen our services. In order to assist you in understanding the responsibilities and expectations involved in the counseling relationship we ask that you read and sign the following informed consent. At the close of your initial session, if you choose to continue counseling, you may request a copy for your personal reference.

Your sessions will be held with a Licensed Clinical Social Worker in the State of Arizona. This means that your therapist has earned his master's degree and state exams have been passed. Your counselor has completed the full professional licensure process. We reserve the right to refer a client to another therapist or an appropriate resource at any time if their needs in therapy are not a good match for our skills or experience. In order to promote progress, Joel will ask you to complete some interventions—in session and sometimes at home—throughout the duration of your therapy. These interventions will be relevant to your therapy goals, and your completion of the interventions will be essential to your progress.

One of the distinctive aspects of my practice is my commitment to provide quality professional Christian counseling *to those who desire such an emphasis*. It is not essential that my clients share my beliefs, but you have a right to know that my value assumptions are rooted in my faith in Christ. Also, you should know that I am an ordained Minister in the Non-Denominational Christian Church. ***I am committed to providing a safe environment in which you can experience the freedom to explore your own beliefs and make your own choices regarding life and your relationships.*** My desire is to support and not hinder this process. The emphasis on quality counseling is based on professional training, and is continually being expanded through ongoing involvement in the continuing education process through seminars, research, supervision, networking with other professionals, and personal reading and study. The Christian emphasis is based upon reliance on the Bible as the ultimate source of truth, and in the supernatural power of Jesus Christ and the Holy Spirit to transform lives. This does not imply that everything done in the counseling session will be of a “spiritual” nature, rather, this may be the framework upon which we will implement various techniques and tools as they appear to be most beneficial for the specific individual if desired.

Joel has an eclectic orientation to his practice. This means he does not practice with one orientation, but rather has training and experience in several orientations and incorporates them into his practice. Some of the orientations are Behavioral Theory including Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT), Existential Theory, Family Systems Theory, Gottman's Couple's Theory, Trauma Models including Prolonged Exposure and Eye Movement Desensitization and Reprocessing (EMDR) and Addiction Models.

Financial. Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial assessment is \$175.00, and the fee for a 45-50 minute

counseling session is \$155.00. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, telephone counseling, books and materials, etc. There will be a \$25.00 fee for checks that are returned as non-sufficient funds or non-payable. We reserve the right to change our fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies. Please discuss these with us if you have a concern. Consultation, supervision and seminar fees vary and are contracted on a case-by-case basis.

Insurance. Joel is currently a credentialed provider with Blue Cross Blue Shield of AZ (BCBS of AZ). As a courtesy, for clients with Blue Cross Blue Shield only, we will bill BCBS directly for any services rendered. Otherwise, Joel does not currently bill any other insurance companies. If you are using an insurance program other than BCBS of AZ, we will supply you with a superbill that you can turn into your insurance company so they can reimburse you directly. In all cases however, payment for services including co-pays are due at the time of service and is ultimately the responsibility of the client, not the insurance company.

Availability of services. Our practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, ValueOptions – 602-222-9444). Established clients who have made know their urgent need to make contact may call my cell phone if it has been provided and permission has been given. An immediate response is not guaranteed by leaving a voicemail for me on the office phone. I will be notified of your call and will call back as soon as possible. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve 45-50 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. ***You will be financially responsible for appointments you fail to cancel in accordance with this policy.*** If you no show, no call your first intake appointment and still would like counseling, you may be required to pre-pay your appointment before re-scheduling the appointment.

Appointment availability varies with the client load at the time. High demand appointment times are likely to be sporadic in their availability. We reserve the right to limit our commitments of high demand appointment times to any particular client in order to meet the needs of all our clients and balance our workloads. ***Our office is not able to do reminder calls. Therefore, please make a note of the date and time of your next appointment whether it is made over the phone or in person.***

Privacy, confidentiality, and records. Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. We also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods. There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against us, to comply with worker compensation laws, to comply

with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. ***Request for Records - Our agency requires a signed written notice before copies of records or in order for records to be sent to another party. Our agency has up to 10 business days to fulfill the request. The fee for copying a chart is \$20 for the first twenty pages and .25 for each additional page.***

Purpose, limitations, and risks of treatment. Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is a chance that you could have an increase of symptoms, before you start feeling better, because of the nature of bringing them into direct light. There is no guarantee that psychotherapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

Also, if you are married and primarily seeking marital counseling, a single chart will be created in both spouses' names. Please be aware that if records from a joint marital chart are requested by any party or entity in the future, the signatures of both spouses must be obtained in order to voluntarily release any information. If you are a married couple seeking marital counseling and you would prefer separate charts in each of your names, please specifically request this and every effort will be made to accommodate your request.

Important to note and agree upon for marital counseling/co-therapy or in multi-client cases: By signing this Agreement, you are agreeing that any information you disclose is acceptable to share with the other spouse or other client(s) in the treatment process with you. In other words, in marital counseling or co-therapy, secretive information will not be confidentially held between one of the clients and Joel and subsequently withheld from the other spouse; Joel will not agree to hold any secretive information between the spouses. Unless Joel believes that there is imminent danger to one of the spouses if the disclosed information is shared, all information shared by each spouse is free to be shared with the other spouse, even if that particular information was originally shared in an individual session or by phone or email. If you have any questions regarding this ethical stance and preference, please ask Joel before you sign this agreement.

Treatment process and rights. Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal. The recording of any counseling session is strictly prohibited without the written consent of the counselor and client. This includes any type of audio or video devices.

Our relationship. The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is usually inappropriate for a client and a counselor to spend time together socially. The purpose of these boundaries is to ensure that you and your therapist are clear in our roles for your treatment and that your confidentiality is maintained. If our paths cross out in the community, you need to know that your therapist will not acknowledge you without you initiating the interaction first. Joel will not respond to friend requests on Facebook and other social media/networking sites during the course of our professional relationship so as to maintain a professional relationship. Joel does give out his cell phone number in certain situations for certain cases and this is to be held with the utmost respect. If phone conversation exceeds 15 minutes, you will be billed.

Some clients in emergency situations are given my cell phone number. Others were scheduled for an appointment, have caller ID and now have this writer’s cell phone number. **Please Note: I do not text clients.** If you need to confirm an appointment, call the office, if no one answers leave a voicemail on my extension (x1212) and you will be reminded of your appointment time. If you wanted to text for a different reason, instead please call the office and leave a voicemail on my direct extension. Please do not call my cell phone directly unless we have discussed this and permission has been given. I appreciate your understanding in this matter as I have many clients to attend to. I do email (joelcovertpca@gmail.com) **limitedly** when necessary and please know we do not have an encrypted server.

If your therapist ever gets seriously injured, ill, needs to take an extended leave of absence or suffers from an accident and is unable to meet with you, a representative from Professional Counseling Associates and/or Penny Rivera, LPC will become my conservator of my client records. She/he would contact you to inform you and discuss the way forward.

If there is ever time you feel like you have been treated unfairly or disrespectfully, please talk directly to Joel. It is never our intention to cause this to happen to our clients, but sometimes misunderstandings can inadvertently result in hurt feelings. We want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent document. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor : _____ DOB _____ Relationship: _____

Therapist Signature: _____ Date: _____

For office use only - verification that client has read and understands informed consent document
Authorized Representative: _____ Date: _____
Therapist Name: _____